

Texas Prior Authorization Program Clinical Edit Criteria

Drug/Drug Class

Xyrem

Clinical Edit Information Included in this Document

- **Drugs requiring prior authorization:** the list of drugs requiring prior authorization for this clinical edit
- **Prior authorization criteria logic:** a description of how the prior authorization request will be evaluated against the clinical edit criteria rules
- **Logic diagram:** a visual depiction of the clinical edit criteria logic
- **Supporting tables:** a collection of information associated with the steps within the criteria (diagnosis codes, procedure codes, and therapy codes); provided when applicable

Note: Click the hyperlink to navigate directly to that section.

Revision Notes

- Added a new section to specify the drugs requiring prior authorization
- Modified criteria logic and logic diagram to identify the steps that are executed manually
- In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the drug names and GCNs pertinent to steps 3 and 5 of the logic diagram
- In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 4 and 7 of the logic diagram



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Drugs Requiring Prior Authorization

Drugs Requiring Prior Authorization	
Label Name	GCN
XYREM 500 MG/ML ORAL SOLUTION	18104

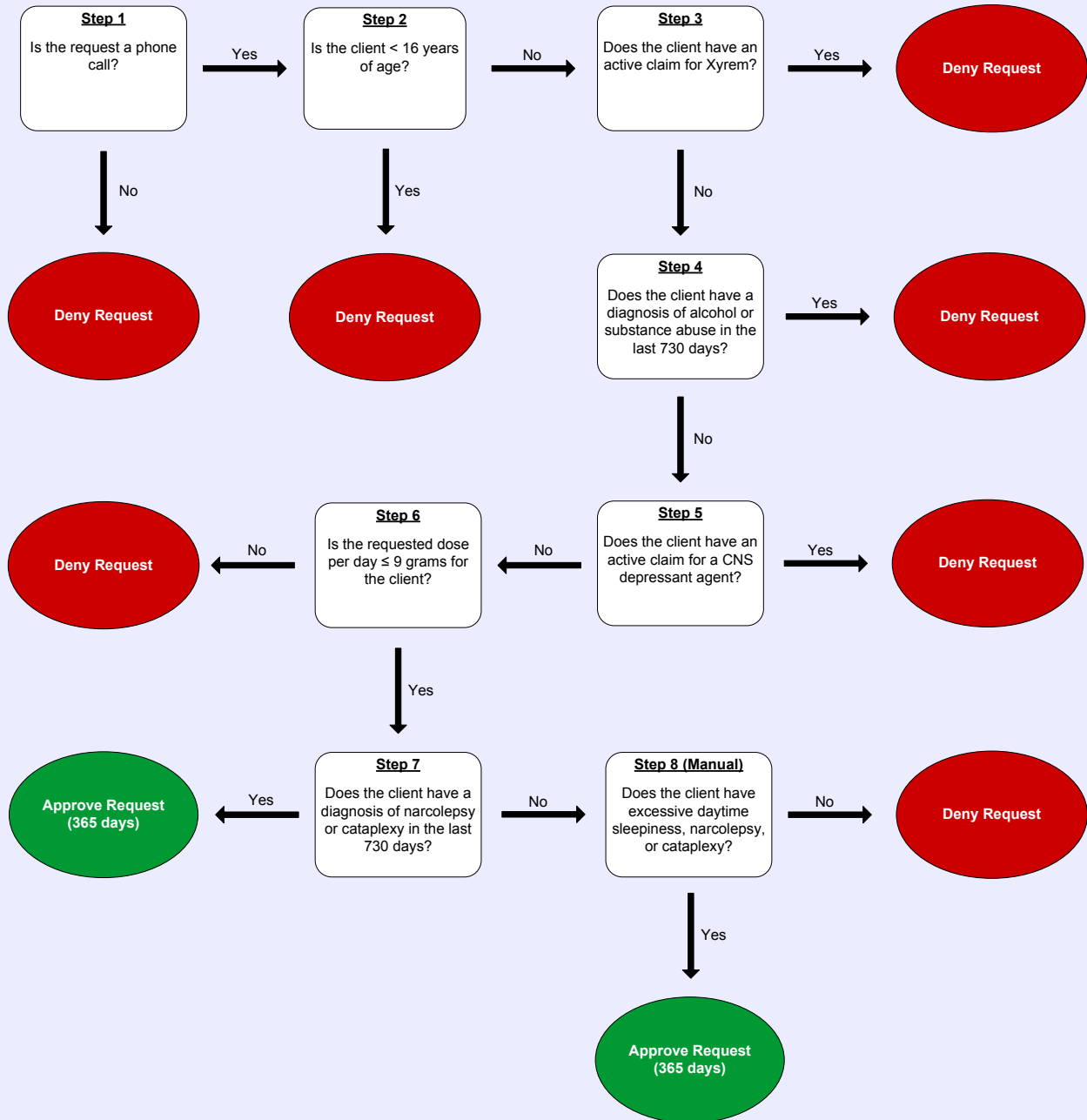
**Xyrem****Clinical Edit Criteria Logic**

1. Is the request a phone call?
 Yes (Go to #2)
 No (Deny)
2. Is the client less than (<) 16 years of age?
 Yes (Deny)
 No (Go to #3)
3. Does the client have an active claim for Xyrem?
 Yes (Deny)
 No (Go to #4)
4. Does the client have a diagnosis of alcohol or substance abuse in the last 730 days?
 Yes (Deny)
 No (Go to #5)
5. Does the client have an active claim for a CNS depressant agent?
 Yes (Deny)
 No (Go to #6)
6. Is the requested dose per day less than or equal to (\leq) 9 grams?
 Yes (Go to #7)
 No (Deny)
7. Does the client have a diagnosis of narcolepsy or cataplexy in the last 730 days?
 Yes (Approve – 365 days)
 No (Go to #8)
8. Manual step – Does the client have excessive daytime sleepiness, narcolepsy, or cataplexy?
 Yes (Approve – 365 days)
 No (Deny)



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Clinical Edit Criteria Logic Diagram





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Clinical Edit Criteria Supporting Tables

Step 3 (active claim for Xyrem) Required quantity: 1 Look back timeframe: Null	
Label Name	GCN
XYREM 500 MG/ML ORAL SOLUTION	18104

Step 4 (diagnosis of alcohol or substance abuse) Required diagnosis: 1 Look back timeframe: 730 days	
ICD-9 Code	Description
303	ALCOHOL DEPENDENCE SYNDROME
3030	ACUTE ALCOHOLIC INTOXICATION
30300	AC ALCOHOL INTOX-UNSPEC
30301	AC ALCOHOL INTOX-CONTIN
30302	AC ALCOHOL INTOX-EPISOD
30303	AC ALCOHOL INTOX-REMISS
3039	OTHER AND UNSPECIFIED ALCOHOL DEPENDENCE
30390	ALCOH DEP NEC/NOS-UNSPEC
30391	ALCOH DEP NEC/NOS-CONTIN
30392	ALCOH DEP NEC/NOS-EPISOD
30393	ALCOH DEP NEC/NOS-REMISS
304	DRUG DEPENDENCE
3040	OPIOID TYPE DEPENDENCE
30400	OPIOID DEPENDENCE-UNSPEC
30401	OPIOID DEPENDENCE-CONTIN
30402	OPIOID DEPENDENCE-EPISOD
30403	OPIOID DEPENDENCE-REMISS
3041	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE
30410	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE UNSPECIFIED
30411	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, CONTINUOUS
30412	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, EPISODIC
30413	SEDATIVE, HYPNOTIC OR ANXIOLYTIC DEPENDENCE, IN REMISSION
3042	COCAINE DEPENDENCE

Step 4 (diagnosis of alcohol or substance abuse)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
30420	COCAINE DEPEND-UNSPEC
30421	COCAINE DEPEND-CONTIN
30422	COCAINE DEPEND-EPISODIC
30423	COCAINE DEPEND-REMISS
3043	CANNABIS DEPENDENCE
30430	CANNABIS DEPEND-UNSPEC
30431	CANNABIS DEPEND-CONTIN
30432	CANNABIS DEPEND-EPISODIC
30433	CANNABIS DEPEND-REMISS
3044	AMPHETAMINE AND OTHER PSYCHOSTIMULANT DEPENDENCE
30440	AMPHETAMIN DEPEND-UNSPEC
30441	AMPHETAMIN DEPEND-CONTIN
30442	AMPHETAMIN DEPEND-EPISOD
30443	AMPHETAMIN DEPEND-REMISS
3045	HALLUCINOGEN DEPENDENCE
30450	HALLUCINOGEN DEP-UNSPEC
30451	HALLUCINOGEN DEP-CONTIN
30452	HALLUCINOGEN DEP-EPISOD
30453	HALLUCINOGEN DEP-REMISS
3046	OTHER SPECIFIED DRUG DEPENDENCE
30460	DRUG DEPEND NEC-UNSPEC
30461	DRUG DEPEND NEC-CONTIN
30462	DRUG DEPEND NEC-EPISODIC
30463	DRUG DEPEND NEC-IN REM
3047	COMBINATIONS OF OPIOID TYPE DRUG WITH ANY OTHER DRUG DEPENDENCE
30470	OPIOID/OTHER DEP-UNSPEC
30471	OPIOID/OTHER DEP-CONTIN
30472	OPIOID/OTHER DEP-EPISOD
30473	OPIOID/OTHER DEP-REMISS
3048	COMBINATIONS OF DRUG DEPENDENCE EXCLUDING OPIOID TYPE DRUG
30480	COMB DRUG DEP NEC-UNSPEC
30481	COMB DRUG DEP NEC-CONTIN
30482	COMB DRUG DEP NEC-EPISOD
30483	COMB DRUG DEP NEC-REMISS
3049	UNSPECIFIED DRUG DEPENDENCE

Step 4 (diagnosis of alcohol or substance abuse)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
30490	DRUG DEPEND NOS-UNSPEC
30491	DRUG DEPEND NOS-CONTIN
30492	DRUG DEPEND NOS-EPISODIC
30493	DRUG DEPEND NOS-REMISS
305	NONDEPENDENT ABUSE OF DRUGS
3050	NONDEPENDENT ALCOHOL ABUSE
30500	ALCOHOL ABUSE-UNSPEC
30501	ALCOHOL ABUSE-CONTINUOUS
30502	ALCOHOL ABUSE-EPISODIC
30503	ALCOHOL ABUSE-IN REMISS
3052	NONDEPENDENT CANNABIS ABUSE
30520	CANNABIS ABUSE-UNSPEC
30521	CANNABIS ABUSE-CONTIN
30522	CANNABIS ABUSE-EPISODIC
30523	CANNABIS ABUSE-IN REMISS
3053	NONDEPENDENT HALLUCINOGEN ABUSE
30530	HALLUCINOG ABUSE-UNSPEC
30531	HALLUCINOG ABUSE-CONTIN
30532	HALLUCINOG ABUSE-EPISOD
30533	HALLUCINOG ABUSE-REMISS
3054	NONDEPENDENT SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE
30540	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, UNSPECIFIED
30541	SEDATIVE, HYPNOTIC OR ANXIOLYTIC, ABUSE, CONTINUOUS
30542	SEDATIVE, HYPNOTIC, OR ANXIOLYTIC ABUSE, EPISODIC
30543	SEDATIVE, HYPNOTIC OR ANXIOLYTIC ABUSE, IN REMISSION
3055	NONDEPENDENT OPIOID ABUSE
30550	OPIOID ABUSE-UNSPEC
30551	OPIOID ABUSE-CONTINUOUS
30552	OPIOID ABUSE-EPISODIC
30553	OPIOID ABUSE-IN REMISS
3056	NONDEPENDENT COCAINE ABUSE
30560	COCAINE ABUSE-UNSPEC
30561	COCAINE ABUSE-CONTINUOUS
30562	COCAINE ABUSE-EPISODIC
30563	COCAINE ABUSE-IN REMISS

Step 4 (diagnosis of alcohol or substance abuse)**Required diagnosis: 1****Look back timeframe: 730 days**

ICD-9 Code	Description
3057	NONDEPENDENT AMPHETAMINE OR RELATED ACTING SYMPATHOMIMETIC ABUSE
30570	AMPHETAMINE ABUSE-UNSPEC
30571	AMPHETAMINE ABUSE-CONTIN
30572	AMPHETAMINE ABUSE-EPISOD
30573	AMPHETAMINE ABUSE-REMISS
3059	NONDEPENDENT OTHER MIXED OR UNSPECIFIED DRUG ABUSE
30590	DRUG ABUSE NEC-UNSPEC
30591	DRUG ABUSE NEC-CONTIN
30592	DRUG ABUSE NEC-EPISODIC
30593	DRUG ABUSE NEC-IN REMISS

Step 5 (active claim for CNS depressant)**Required quantity: 1****Look back timeframe: Null**

Label Name	GCN
ACETAMINOPHN-BUTALBITAL 325-50	72711
ACETAMINOPH-CAFF-DIHYDROCODEIN	41517
ACETAMINOPHEN-COD #2 TABLET	70131
ACETAMINOPHEN-COD #3 TABLET	70134
ACETAMINOPHEN-COD #4 TABLET	70136
ACETAMINOPHEN-CODEINE ELIXIR	55401
ACETAMINOPHN-TRAMADOL 325-37.5	13909
ACTIQ 200 MCG LOZENGE	19204
ACTIQ 400 MCG LOZENGE	19206
ACTIQ 600 MCG LOZENGE	19191
ACTIQ 800 MCG LOZENGE	19192
ACTIQ 1,200 MCG LOZENGE	19193
ACTIQ 1,600 MCG LOZENGE	19194
ALAGESIC CAPSULES	72510
ALAGESIC LQ ORAL SOLUTION	19523
AMBIEN 5 MG TABLET	00870
AMBIEN 10 MG TABLET	00871
AMBIEN CR 6.25 MG TABLET	25456
AMBIEN CR 12.5 MG TABLET	25457
ATIVAN 0.5 MG TABLET	14160

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
ATIVAN 1 MG TABLET	14161
ATIVAN 2 MG TABLET	14162
ATIVAN 2 MG/ML VIAL	14140
ATIVAN 4 MG/ML VIAL	14141
AVINZA 30 MG CAPSULE	17193
AVINZA 45 MG CAPSULE	16212
AVINZA 60 MG CAPSULE	17192
AVINZA 75 MG CAPSULE	16213
AVINZA 90 MG CAPSULE	17191
AVINZA 120 MG CAPSULE	17189
BELLADONNA-OPIUM 16.2-30 SUPP	70741
BELLADONNA-OPIUM 16.2-60 SUPP	70742
BUPAP TABLET	72710
BUPRENEX 0.3 MG/ML AMPUL	27500
BUPRENORPHINE 2 MG TABLET SL	64672
BUPRENORPHINE 8 MG TABLET SL	64673
BUTALB-ACETAMIN-CAFF 50-325-40	72530
BUTALB-ACETAMIN-CAFF 50-500-40	72531
BUTALBIT-ACETAMINOPHEN-CAFF CP	72510
BUTALBITAL COMPOUND CAPSULE	71150
BUTALBITAL COMPOUND TABLET	71160
BUTALBITAL-ASA-CAFFEINE CAP	71150
BUTALBITAL-ASA-CAFFEINE TABLET	71160
BUTISOL SODIUM 30 MG/5 ML ELX	13084
BUTISOL SODIUM 30 MG TABLET	13102
BUTISOL SODIUM 50 MG TABLET	13105
BUTORPHANOL 1 MG/ML VIAL	16550
BUTORPHANOL 2 MG/ML VIAL	16551
BUTORPHANOL 10 MG/ML SPRAY	20351
BUTRANS 5 MCG/HR PATCH	25308
BUTRANS 10 MCG/HR PATCH	25309
BUTRANS 20 MCG/HR PATCH	25312
CAPITAL WITH CODEINE SUSP	70110
CARISOPRODOL CPD-CODEINE TAB	13995
CEPHADYN TABLET	72710
CHLORAL HYDRATE 500 MG/5 ML	13471

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
COCET PLUS TABLET	28809
COCET TABLET	70135
CODEINE SULFATE 30 MG TABLET	16241
CODEINE SULFATE 60 MG TABLET	16242
CO-GESIC 5-500 TABLET	70331
DEMEROL 50 MG/ML AMPUL	25605
DEMEROL 50 MG/ML AMPUL	25608
DEMEROL 75 MG/1.5 ML AMPUL	25607
DEMEROL 100 MG/ML AMPUL	25626
DEMEROL 50 MG TABLET	15991
DEMEROL 100 MG TABLET	15990
DEMEROL 50 MG/ML VIAL	15962
DEMEROL 100 MG/ML VIAL	15960
DILAUDID 2 MG TABLET	16141
DILAUDID 4 MG TABLET	16143
DILAUDID 8 MG TABLET	16144
DILAUDID-5 1 MG/ML LIQUID	20251
DILAUDID-HP 10 MG/ML AMPUL	98596
DILAUDID-HP 10 MG/ML VIAL	20451
DILAUDID-HP 250 MG VIAL	16092
DOLGIC PLUS TABLET	21795
DOLOPHINE HCL 10 MG TABLET	16420
DORAL 15 MG TABLET	40870
DURAGESIC 12 MCG/HR PATCH	24635
DURAGESIC 25 MCG/HR PATCH	19200
DURAGESIC 50 MCG/HR PATCH	19201
DURAGESIC 75 MCG/HR PATCH	19202
DURAGESIC 100 MCG/HR PATCH	19203
EDLUAR 5 MG SL TABLET	26183
EDLUAR 10 MG SL TABLET	26182
EMBEDA 20-0.8 MG CAPSULE	27526
EMBEDA 30-1.2 MG CAPSULE	27535
EMBEDA 50-2 MG CAPSULE	27536
EMBEDA 60-2.4 MG CAPSULE	27537
EMBEDA 80-3.2 MG CAPSULE	27538
EMBEDA 100-4 MG CAPSULE	27539

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
ENDOCET 5-325 TABLET	70491
ENDOCET 7.5-325 MG TABLET	14965
ENDOCET 7.5-500 MG TABLET	50756
ENDOCET 10-325 MG TABLET	14966
ENDOCET 10-650 MG TABLET	50766
ENDODAN 4.83-325 MG TABLET	26836
ESGIC PLUS CAPSULE	72536
ESGIC-PLUS 50-500-40 MG TABLET	72531
ESTAZOLAM 1 MG TABLET	19181
ESTAZOLAM 2 MG TABLET	19182
ETH-OXYDOSE 20 MG/ML SOLUTION	16281
EXALGO ER 8 MG TABLET	22056
EXALGO ER 12 MG TABLET	28427
EXALGO ER 16 MG TABLET	22098
FENTANYL 12 MCG/HR PATCH	24635
FENTANYL 25 MCG/HR PATCH	19200
FENTANYL 50 MCG/HR PATCH	19201
FENTANYL 75 MCG/HR PATCH	19202
FENTANYL 100 MCG/HR PATCH	19203
FENTANYL CITRATE OTFC 200 MCG	19204
FENTANYL CITRATE OTFC 400 MCG	19206
FENTANYL CITRATE OTFC 600 MCG	19191
FENTANYL CITRATE OTFC 800 MCG	19192
FENTANYL CIT OTFC 1,200 MCG	19193
FENTANYL CIT OTFC 1,600 MCG	19194
FENTORA 100 MCG BUCCAL TABLET	97280
FENTORA 200 MCG BUCCAL TABLET	97281
FENTORA 400 MCG BUCCAL TABLET	97283
FENTORA 600 MCG BUCCAL TABLET	97284
FENTORA 800 MCG BUCCAL TABLET	97285
FIORICET 50-325-40 MG TABLET	72530
FIORINAL 50-325-40 MG CAPSULE	71150
FLURAZEPAM 15 MG CAPSULE	14250
FLURAZEPAM 30 MG CAPSULE	14251
HALCION 0.25 MG TABLET	14280
HYCET 7.5 MG-325 MG/15 ML SOL	21146

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
HYDROCODON-ACETAMINOPH 2.5-500	70338
HYDROCODON-ACETAMINOPH 7.5-300	26709
HYDROCODON-ACETAMINOPH 7.5-500	70339
HYDROCODON-ACETAMINOPH 7.5-650	70333
HYDROCODON-ACETAMINOPH 7.5-750	70335
HYDROCODON-ACETAMINOPHEN 5-300	26470
HYDROCODON-ACETAMINOPHEN 5-325	12486
HYDROCODON-ACETAMINOPHEN 5-500	70331
HYDROCODON-ACETAMINOPHN 10-300	22929
HYDROCODON-ACETAMINOPHN 10-325	70330
HYDROCODON-ACETAMINOPHN 10-500	70334
HYDROCODON-ACETAMINOPHN 10-650	70332
HYDROCODON-ACETAMINOPHN 10-660	70363
HYDROCODON-ACETAMINOPHN 10-750	85319
HYDROCODONE-ACETAMINOPHEN SOLN	20906
HYDROCODONE BT-IBUPROFEN TAB	63101
HYDROGESIC 5-500 MG CAPSULE	70320
HYDROMORPHONE 3 MG SUPPOS	16130
HYDROMORPHONE 2 MG TABLET	16141
HYDROMORPHONE 4 MG TABLET	16143
HYDROMORPHONE 8 MG TABLET	16144
HYDROMORPHONE 10 MG/ML VIAL	20451
IBUDONE 5-200 MG TABLET	22678
IBUDONE 10-200 MG TABLET	99371
INFUMORPH 10 MG/ML AMPUL P-F	19829
INFUMORPH 25 MG/ML AMPUL P-F	19843
KADIAN ER 10 MG CAPSULE	26490
KADIAN ER 20 MG CAPSULE	26492
KADIAN ER 30 MG CAPSULE	97534
KADIAN ER 50 MG CAPSULE	26493
KADIAN ER 60 MG CAPSULE	97535
KADIAN ER 80 MG CAPSULE	97508
KADIAN ER 100 MG CAPSULE	26494
KADIAN ER 200 MG CAPSULE	98135
LEVORPHANOL 2 MG TABLET	16350
LORAZEPAM 2 MG/ML ORAL CONCENT	19601

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
LORAZEPAM 0.5 MG TABLET	14160
LORAZEPAM 1 MG TABLET	14161
LORAZEPAM 2 MG TABLET	14162
LORAZEPAM 2 MG/ML VIAL	14140
LORAZEPAM 4 MG/ML VIAL	14141
LORAZEPAM INTENSOL 2 MG/ML	19601
LORCET 10-650 TABLET	70332
LORCET PLUS TABLET	70333
LORTAB 5-500 TABLET	70331
LORTAB 7.5-500 TABLET	70339
LORTAB 10-500 TABLET	70334
LORTAB ELIXIR	20906
LUNESTA 1 MG TABLET	23927
LUNESTA 2 MG TABLET	23926
LUNESTA 3 MG TABLET	23925
MEPERIDINE 50 MG/5 ML SOLUTION	15980
MEPERIDINE 50 MG TABLET	15991
MEPERIDINE 100 MG TABLET	15990
MEPERIDINE 25 MG/ML VIAL	25613
MEPERIDINE 50 MG/ML VIAL	25609
MEPERIDINE 100 MG/ML VIAL	25627
MEPERITAB 50 MG TABLET	15991
MEPERITAB 100 MG TABLET	15990
METHADONE 10 MG/ML ORAL CONC	16415
METHADONE 5 MG/5 ML SOLUTION	16400
METHADONE 10 MG/5 ML SOLUTION	16410
METHADONE 40 MG TABLET DISPR	16423
METHADONE HCL 5 MG TABLET	16422
METHADONE HCL 10 MG TABLET	16420
METHADONE INTENSOL 10 MG/ML	16415
METHADOSE 10 MG/ML ORAL CONC	16415
METHADOSE 10 MG TABLET	16420
METHADOSE 40 MG TABLET DISPR	16423
MORPHINE 15 MG/ML VIAL	16041
MORPHINE SULF 10 MG/5 ML SOLN	16060
MORPHINE SULF 20 MG/5 ML SOLN	16062

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
MORPHINE SULF 100 MG/5 ML SOLN	16063
MORPHINE SULF CR 15 MG TABLET	16643
MORPHINE SULF CR 30 MG TABLET	16640
MORPHINE SULF CR 60 MG TABLET	16641
MORPHINE SULF CR 100 MG TABLET	16642
MORPHINE SULF CR 200 MG TABLET	16078
MORPHINE SULF ER 15 MG TABLET	16643
MORPHINE SULF ER 30 MG TABLET	16640
MORPHINE SULF ER 60 MG TABLET	16641
MORPHINE SULF ER 100 MG TABLET	16642
MORPHINE SULF ER 200 MG TABLET	16078
MORPHINE SULFATE 50 MG/ML VIAL	16277
MORPHINE SULFATE IR 15 MG TAB	16070
MORPHINE SULFATE IR 30 MG TAB	16071
MS CONTIN 15 MG TABLET	16643
MS CONTIN 60 MG TABLET	16641
MS CONTIN 100 MG TABLET	16642
MS CONTIN 200 MG TABLET	16078
MS CONTIN CR 30 MG TABLET	16640
NALBUPHINE 10 MG/ML AMPUL	16360
NALBUPHINE 200 MG/10 ML VIAL	16371
NEMBUTAL SODIUM 50 MG/ML VIA	13132
NORCO 10-325 TABLET	70330
NUCYNTA 50 MG TABLET	26163
NUCYNTA 75 MG TABLET	26164
NUCYNTA 100 MG TABLET	26165
ONSOLIS 200 MCG SOLUBLE FILM	27545
ONSOLIS 400 MCG SOLUBLE FILM	27546
ONSOLIS 600 MCG SOLUBLE FILM	27547
ONSOLIS 800 MCG SOLUBLE FILM	27548
ONSOLIS 1,200 MCG SOLUBLE FILM	27549
OPANA 5 MG TABLET	27243
OPANA 10 MG TABLET	27244
OPANA ER 5 MG TABLET	27247
OPANA ER 7.5 MG TABLET	99492
OPANA ER 10 MG TABLET	27248

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
OPANA ER 15 MG TABLET	99493
OPANA ER 20 MG TABLET	27249
OPANA ER 30 MG TABLET	99494
OPANA ER 40 MG TABLET	27253
OPIUM TINCTURE 10 MG/ML	16471
ORAMORPH SR 15 MG TABLET	16643
ORAMORPH SR 30 MG TABLET	16640
ORAMORPH SR 60 MG TABLET	16641
ORAMORPH SR 100 MG TABLET	16642
ORBIVAN CAPSULE	28626
OXYCODON-ACETAMINOPHEN 2.5-325	70492
OXYCODON-ACETAMINOPHEN 7.5-325	14965
OXYCODON-ACETAMINOPHEN 7.5-500	50756
OXYCODONE CONC 20 MG/ML SOLN	16281
OXYCODONE HCL 5 MG CAPSULE	16285
OXYCODONE HCL 5 MG/5 ML SOL	16280
OXYCODONE HCL 20 MG/ML SOLN	16281
OXYCODONE HCL 5 MG TABLET	16290
OXYCODONE HCL 10 MG TABLET	16291
OXYCODONE HCL 15 MG TABLET	20091
OXYCODONE HCL 20 MG TABLET	21194
OXYCODONE HCL 30 MG TABLET	20092
OXYCODONE HCL CR 80 MG TABLET	16286
OXYCODONE HCL ER 80 MG TABLET	16286
OXYCODONE-ACETAMINOPHEN 5-325	70491
OXYCODONE-ACETAMINOPHEN 5-500	70500
OXYCODONE-ACETAMINOPHEN 10-325	14966
OXYCODONE-ACETAMINOPHEN 10-650	50766
OXYCODONE-ASA 4.5-0.38-325 TAB	70481
OXYCODONE-IBUPROFEN 5-400 TAB	23827
OXYCONTIN 10 MG TABLET	16282
OXYCONTIN 15 MG TABLET	99238
OXYCONTIN 20 MG TABLET	16283
OXYCONTIN 30 MG TABLET	99239
OXYCONTIN 40 MG TABLET	16284
OXYCONTIN 60 MG TABLET	99240

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
OXYCONTIN 80 MG TABLET	16286
OXYMORPHONE HCL 5 MG TABLET	27243
OXYMORPHONE HCL 10 MG TABLET	27244
PANLOR DC CAPSULE	70270
PANLOR SS TABLET	41517
PENTAZOCIN-ACETAMINOPHN 25-650	71050
PENTAZOCINE-NALOXONE TABLET	71060
PERCOCET 2.5-325 MG TABLET	70492
PERCOCET 5-325 MG TABLET	70491
PERCOCET 7.5-325 MG TABLET	14965
PERCOCET 10-325 MG TABLET	14966
PERCOCET 7.5-500 MG TABLET	50756
PERCOCET 10-650 MG TABLET	50766
PERCODAN TABLET	26836
PHENOBARBITAL 20 MG/5 ML ELIX	12956
PHENOBARBITAL 15 MG TABLET	12971
PHENOBARBITAL 16.2 MG TABLET	97706
PHENOBARBITAL 30 MG TABLET	12973
PHENOBARBITAL 32.4 MG TABLET	97965
PHENOBARBITAL 60 MG TABLET	12972
PHENOBARBITAL 64.8 MG TABLET	97966
PHENOBARBITAL 97.2 MG TABLET	97967
PHENOBARBITAL 100 MG TABLET	12975
PHENOBARBITAL 65 MG/ML VIAL	12894
PHENOBARBITAL 130 MG/ML VIAL	12892
PHRENILIN FORTE CAPSULE	72701
POLYGESIC 5/500 CAPSULE	70320
PRIMALEV 2.5-300 MG TABLET	26953
PRIMLEV 5-300 MG TABLET	26954
PRIMLEV 7.5-300 MG TABLET	26955
PRIMLEV 10-300 MG TABLET	26956
PROMACET 50-650 MG TABLET	72710
PROPOXYPH-ACETAMINOPHEN 50-325	70933
REPREXAIN 2.5-200 MG TABLET	16279
REPREXAIN 5-200 MG TABLET	22678
REPREXAIN 7.5-200 MG TABLET	63101

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
REPRESXAIN 10-200 MG TABLET	99371
RESTORIL 7.5 MG CAPSULE	13845
RESTORIL 15 MG CAPSULE	13840
RESTORIL 22.5 MG CAPSULE	24036
RESTORIL 30 MG CAPSULE	13841
ROXICET 5-500 CAPLET	70490
ROXICET 5-325 ORAL SOLUTION	70470
ROXICET 5-325 TABLET	70491
ROXICODONE 5 MG/5 ML SOLUTION	16280
ROXICODONE 5 MG TABLET	16290
ROXICODONE 15 MG TABLET	20091
ROXICODONE 30 MG TABLET	20092
ROXICODONE INTENSOL 20 MG/ML	16281
ROZEREM 8 MG TABLET	25202
RYBIX ODT 50 MG TABLET	20524
RYZOLT ER 100 MG TABLET	99151
RYZOLT ER 200 MG TABLET	99152
RYZOLT ER 300 MG TABLET	99153
SECONAL SODIUM 100 MG CAPSULE	13230
SEDAPAP TABLET	72710
SOMNOTE 500 MG SOFTGEL	13433
SONATA 5 MG CAPSULE	92713
SONATA 10 MG CAPSULE	92723
SUBOXONE 2 MG-0.5 MG SL FILM	28958
SUBOXONE 8 MG-2 MG SL FILM	28959
SUBOXONE 2 MG-0.5 MG TABLET SL	18973
SUBOXONE 8 MG-2 MG TABLET SL	18974
SUBUTEX 2 MG TABLET SL	64672
SUBUTEX 8 MG TABLET SL	64673
TALACEN CAPLET	71050
TALWIN 30 MG/ML VIAL	16590
TALWIN NX TABLET	71060
TEMAZEPAM 7.5 MG CAPSULE	13845
TEMAZEPAM 15 MG CAPSULE	13840
TEMAZEPAM 22.5 MG CAPSULE	24036
TEMAZEPAM 30 MG CAPSULE	13841

Step 5 (active claim for CNS depressant)	
Required quantity: 1	
Look back timeframe: Null	
Label Name	GCN
TRAMADOL HCL 50 MG TABLET	07221
TRAMADOL HCL ER 100 MG TABLET	26387
TRAMADOL HCL ER 200 MG TABLET	50417
TRAMADOL-ACETAMINOPHN 37.5-325	13909
TREZIX CAPSULE	70270
TRIAZOLAM 0.25 MG TABLET	14280
TRIAZOLAM 0.125 MG TABLET	14282
TYLENOL WITH CODEINE #3 TABLET	70134
TYLENOL WITH CODEINE #4 TABLET	70136
TYLOX 5-500 CAPSULE	70500
ULTRACET TABLET	13909
ULTRAM 50 MG TABLET	07221
ULTRAM ER 100 MG TABLET	26387
ULTRAM ER 200 MG TABLET	50417
ULTRAM ER 300 MG TABLET	50427
VICODIN 5-500 TABLET	70331
VICODIN ES 7.5-750 MG TABLET	70335
VICODIN HP TABLET	70363
VICOPROFEN 200-7.5 MG TAB	63101
XODOL 5-300 TABLET	26470
XODOL 7.5-300 MG TABLET	26709
XODOL 10-300 TABLET	22929
XOLOX 10-500 MG TABLET	27245
ZALEPLON 5 MG CAPSULE	92713
ZALEPLON 10 MG CAPSULE	92723
ZAMICET SOLUTION	99967
ZEBUTAL CAPSULE	72536
ZERLOR TABLET	41517
ZOLPIDEM TART ER 12.5 MG TAB	25457
ZOLPIDEM TARTRATE 5 MG TABLET	00870
ZOLPIDEM TARTRATE 10 MG TABLET	00871
ZOLPIMIST 5 MG ORAL SPRAY	29375
ZOLVIT 10 MG-300 MG/15 ML SOL	29246
ZYDONE 5-400 MG TABLET	70401
ZYDONE 7.5-400 MG TABLET	70402
ZYDONE 10-400 MG TABLET	70403

Step 7 (diagnosis of narcolepsy or cataplexy)	
Required diagnosis: 1	
Look back timeframe: 730 days	
ICD-9 Code	Description
347	CATAPLEXY AND NARCOLEPSY
3470	NARCOLEPSY
34700	NARCOLEPSY, WITHOUT CATAPLEXY
34701	NARCOLEPSY,WITH CATAPLEXY
3471	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE
34710	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE, WITHOUT CATAPLEXY
34711	NARCOLEPSY IN CONDITIONS CLASSIFIED ELSEWHERE,WITH CATAPLEXY

Publication History

The Publication History records the publication iterations and revisions to this document. Notes for the *most current revision* are also provided in the **Revision Notes** on the first page of this document.

Publication Date	Notes
03/09/2011	Initial publication and posting to website
10/26/2011	<ul style="list-style-type: none">• Added a new section to specify the drugs requiring prior authorization• Modified criteria logic and logic diagram to identify the steps that are executed manually• In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the drug names and GCNs pertinent to steps 3 and 5 of the logic diagram• In the "Clinical Edit Criteria Supporting Tables" section, revised tables to specify the diagnosis codes pertinent to steps 4 and 7 of the logic diagram